TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County:_____

Project Name:_____

Project Number:_____

Select One:

- ☐ **New**
- ☐ **Existing**
- ☐ **Completed Project (PIER)**

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHSA Technological Needs project category:

- ☐ New system
- ☐ Increases the number of users of an existing system
- ☐ Extends the functionality of an existing system
- ☐ Supports goal of modernization/transformation
- ☐ Supports goal of client and family empowerment

Indicate the type (and subtype if applicable) of MHSA Technological Needs Project and provide the Vendor/Consultant information:

ELECTRONIC HEALTH RECORD (EHR) SYSTEM PROJECTS (Check All That Apply)	
☐ **Needs Assessment and Vendor Selection** ☐ Needs Assessment ☐ Vendor Selection Process	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Infrastructure, Security, and Privacy**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Practice Management** ☐ Electronic Registration ☐ Electronic Scheduling ☐ Billing Interface with State ☐ Billing Interface with Contract Providers	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Clinical Data Management** ☐ Assessment and Treatment Plan ☐ Document Imaging ☐ Clinical Notes Module	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Computerized Provider Order Entry** ☐ Lab – Internal ☐ Lab – External ☐ Pharmacy – Internal ☐ Pharmacy – External	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Interoperability Components** ☐ Messaging – Data transfer between different systems with different data standards. ☐ Record Exchange – Data transfer between two systems that share a common structural design.	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Full Electronic Health Record (EHR) with Interoperability Components** (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
CLIENT AND FAMILY EMPOWERMENT PROJECTS	
☐ **Client/Family Access to Computing Resources**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Personal Health Record (PHR) System**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Online Information Resource (Expansion / Leveraging Information Sharing Services)**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal

OTHER TECHNOLOGICAL NEEDS PROJECTS THAT SUPPORT MHSA OPERATIONS	
☐ **Telemedicine and Other Rural / Underserved Service Access Methods**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Pilot Projects to Monitor New Programs and Service Outcome Improvement**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Data Warehousing /Decision Support**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Imaging/Paper Conversion**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal

TECHNOLOGICAL NEEDS NEW PROJECT DESCRIPTION

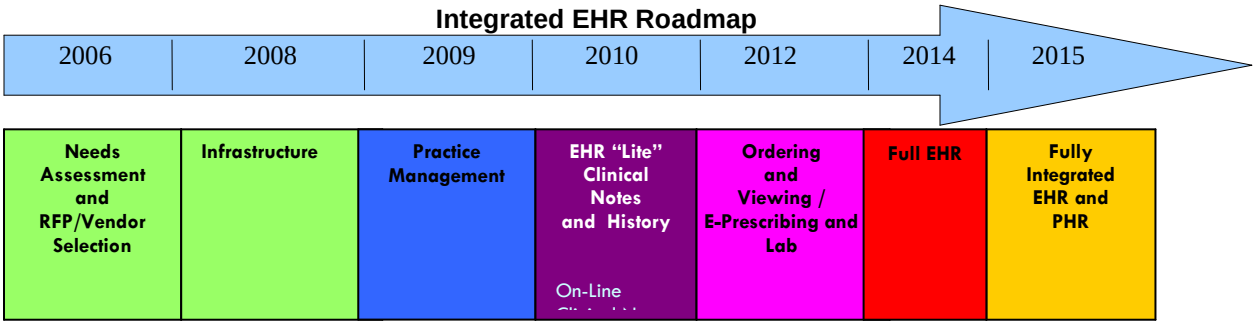
1. Provide an Executive Summary of your Project:

2. Describe how your Technological Needs Projects will meet MHSA's goal of the Integrated Information Systems Infrastructure (IISI):

3. A Project Management Overview is required. Do you certify that you have completed or will complete each of the following plans? ☐ Yes or ☐ No

a. Independent Project Oversight	g. Human Resource Management
b. Integration Management	h. Communication Management
c. Scope Management	i. Procurement Management
d. Time Management	j. Risk Assessment
e. Cost Management	k. Change Control Plan
f. Quality Management	l. Needs Assessment

4. Complete a proposed implementation timeline with the following major EHR categories (Example below):



NOTE: Your implementation plan may not be in this order.

5. Will funding be used for Data Collection Reporting (DCR)? ☐ Yes or ☐ No

6. EHR and PHR Standards and Requirements:
If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

7. Project:
Proposed Start Date: _____ **Proposed End Date:** _____

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a justification how this request is a continuation of a previously approved project and not a new project.

2. Why was the initial funding insufficient? Check all boxes that apply and provide a brief explanation.

a. ☐	Project manager performance	h. ☐	Change in Vendor/Contract services cost
b. ☐	Project staffing	i. ☐	Change in cost of materials (hardware, software, etc.)
c. ☐	Requirements not completely defined	j. ☐	Personnel cost increase
d. ☐	Change in scope	k. ☐	Delay in RFP process
e. ☐	Difficulties in customizing COTS	l. ☐	Insufficient management support
f. ☐	Delay in project start date	m. ☐	Training issues
g. ☐	Completion date has lapsed	n. ☐	Other

Explanation:

3. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide a brief explanation.

a. ☐	Project organization	j. ☐	Project phasing
b. ☐	Project management resources	k. ☐	Change management plan
c. ☐	Support resources	l. ☐	Risk management plan
d. ☐	Development and maintenance resources	m. ☐	Contract services costs
e. ☐	Quality assurance testing resources	n. ☐	Hardware costs
f. ☐	Project plan dates (schedule)	o. ☐	Software costs
g. ☐	Project scope	p. ☐	Personnel costs
h. ☐	Project roles and responsibilities	q. ☐	Other costs
i. ☐	Project monitoring and oversight	r. ☐	Training provisions

Explanation:

PROJECT BUDGET

A. EXPENDITURES

	Type of Expenditure	FY 11/12	FY 12/13	FY 13/14	Total
1.	Personnel				
2.	Hardware				
3.	Software				
4.	Contract Services				
5.	Indirect Administrative Cost				
	Total Proposed Expenditures				
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					

D. BUDGET NARRATIVE

1. Provide a detailed budget narrative explaining the proposed project expenditures for each line item.

TECHNOLOGICAL NEEDS POST IMPLEMENTATION EVALUATION REPORT (PIER)

Basic Information

Actual Start Date: ___/___/_____ ☐ Check if different than planned start date in original project proposal

Actual Completion Date: ___/___/_____ ☐ Check if different than planned completion date in original project proposal

What was the final Project Schedule Status?

- ☐ Project was completed on time
- ☐ Project was completed early
- ☐ Project was completed late

What was the final Project Budget Status?

- ☐ Project was completed within approved budget
- ☐ Project was completed over budget – Final Cost: MHSA funds - $_____ Non-MHSA funds - $_____
- ☐ Project was completed under budget – Final Cost: MHSA funds - $_____ Non-MHSA funds - $_____

Objectives Achieved

Describe the achieved objectives of the project. Also describe the User and Management Acceptance of the Completed Project.

Lessons Learned

Please select the categories which best describe your lessons learned:

a. ☐ Scope (planning, defining, verifying, and controlling)
b. ☐ Documentation (requirements and use cases)
c. ☐ Development (design, coding, and data)
d. ☐ Quality (assurance, control, metrics, and testing)
e. ☐ Implementation (installation and deployment)
f. ☐ Risk (identification, response, and control)
g. ☐ Time (sequencing, estimating, and scheduling)
h. ☐ Cost (estimating, budgeting, and control)
i. ☐ Human Resources (team acquisition, development, management, and turnover)
j. ☐ Communications (info distribution and reporting)
k. ☐ Procurement (purchase, acquisitions, and contracting)
l. ☐ Training (system education)
m. ☐ User acceptance (sponsorship and buy-off)

Describe lessons learned, best practices used for the Project, any notable occurrences or factors that contributed to the Project's success or problems, or other information which could be helpful during future Project efforts. Describe problems that were encountered and how they were overcome.

Corrective Actions

This section will have to be included when the Project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome.

Next Steps

Describe if the Project has any future phases or enhancements; or if it be in maintenance phase.

CERTIFICATION STATEMENT

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

I certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met.

All documents in the Funding Request and/or Post Implementation Evaluation Report (PIER) are true and correct.

Chief Information Officer (Print)	**Signature**	**Date**
HIPAA Privacy/Security Officer (Print)	**Signature**	**Date**